



Docket No. 1769/41426-FA-PCT-US/JPW/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Ron S. Israeli et al.

Serial No. : 10/751,346

Examiner: Lei Yao

Filed : January 2, 2004

Group Art Unit: 1642

For : PROSTATE-SPECIFIC MEMBRANE ANTIGEN AND USES THEREOF

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 31, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

 x Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	8 -	* 20 =	*** 0 X	\$25	\$50	= 0.00	
Independent Claims	1 -	** 3 =	*** 0 X	\$105	\$210	= 0.00	
Multiple Dependent Claim(s) Presented For First Time Yes <u> x </u> No				\$185	\$370	= 0.00	
				TOTAL ADDITIONAL FEE \$ 0.00			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 525.00 for a Petition for 3 Month(s) Extension of Time

☒ Other (identify): \$405.00 fee for filing a Request
for Continued Examination

THE TOTAL FEE DUE IS \$ 930.00.

☒ A check in the amount of \$ 930.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

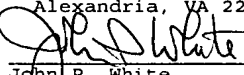
☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims

☒ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
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John P. White Date
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